

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

**01598137**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		1-2		1			53						
4		2-1		1			54						
5		2-1		1			55						
6		1-4		1			56						
7		6-1		1			57						
8		1-4		1			58						
9		1-1		1			59						
10		1		1			60						
11							61						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	9	←	9	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	10		10				TOTAL CLAIMS						